

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024270

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3154

FILED JUN 17 1963

VS 300  
Rev. 4/59

1

2 3438

3

4 0

5 1

6

7 0

8 1

9 330X

10

11

12 76-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		Length of stay in 1b 6 months	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES EVERETT DONELSON Jr.		4. DATE OF DEATH Month Day Year June 1, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/15/28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parking Lot Attendant		10b. KIND OF BUSINESS OR INDUSTRY Parking Lot	
11. BIRTHPLACE (City and state or country) ST JOSEPH, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles E. Donelson		13b. MOTHER'S MAIDEN NAME Mary Locke	
14. NAME OF HUSBAND OR WIFE Mrs Irene Donelson		Address 2828 Cherry.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 3/18/53 to 3/22/55		16. SOCIAL SECURITY NO. VA HOSPITAL RECORDS and Mrs Irene Donelson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL EDEMA. DUE TO (b) RUPTURED CEREBRAL ANEURYSM DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA.			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 5/18/63 to 6/1/63 and last saw him alive on 6/1/63		Death occurred at 1:00AM 6/1/63 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Stephen Parks MD		22b. ADDRESS VAH Kansas City, Mo.	
22c. DATE SIGNED 6/1/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6/5/63	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Ft. Leavenworth, Kansas	
24. FUNERAL DIRECTOR Earp & Sons Mortuary-Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 6-4-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

973100-8881

10-10

10-10

8848

0-10-10-10

0-10

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4622

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.